

**CMS NET MEDICAL THERAPY PROGRAM (MTP) THERAPIST TABLE**

This form is to be used for MTP treatment staff activation, modification, and deactivation. This request is for modifying the treatment staff table only. Please fill in the appropriate checkboxes and complete the following information for all requests. Please allow one week for processing new requests. Fax completed form to (916) 327-0997.

<b>EMPLOYEE INFORMATION</b>			
<b>Select One</b>	<b>Position</b>	<b>Name</b>	<b>MTU</b>
<input type="checkbox"/> Add <input type="checkbox"/> Modify <input type="checkbox"/> Delete	<input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/> Aide/Asst. for PT <input type="checkbox"/> Aide/Asst. for OT		<input type="checkbox"/> Add to <input type="checkbox"/> Inactive from
<input type="checkbox"/> Add <input type="checkbox"/> Modify <input type="checkbox"/> Delete	<input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/> Aide/Asst. for PT <input type="checkbox"/> Aide/Asst. for OT		<input type="checkbox"/> Add to <input type="checkbox"/> Inactive from
<input type="checkbox"/> Add <input type="checkbox"/> Modify <input type="checkbox"/> Delete	<input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/> Aide/Asst. for PT <input type="checkbox"/> Aide/Asst. for OT		<input type="checkbox"/> Add to <input type="checkbox"/> Inactive from
<input type="checkbox"/> Add <input type="checkbox"/> Modify <input type="checkbox"/> Delete	<input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/> Aide/Asst. for PT <input type="checkbox"/> Aide/Asst. for OT		<input type="checkbox"/> Add to <input type="checkbox"/> Inactive from
<input type="checkbox"/> Add <input type="checkbox"/> Modify <input type="checkbox"/> Delete	<input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/> Aide/Asst. for PT <input type="checkbox"/> Aide/Asst. for OT		<input type="checkbox"/> Add to <input type="checkbox"/> Inactive from
<input type="checkbox"/> Add <input type="checkbox"/> Modify <input type="checkbox"/> Delete	<input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/> Aide/Asst. for PT <input type="checkbox"/> Aide/Asst. for OT		<input type="checkbox"/> Add to <input type="checkbox"/> Inactive from
<input type="checkbox"/> Add <input type="checkbox"/> Modify <input type="checkbox"/> Delete	<input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/> Aide/Asst. for PT <input type="checkbox"/> Aide/Asst. for OT		<input type="checkbox"/> Add to <input type="checkbox"/> Inactive from

County:	Phone: (      )
Requested by:	Fax: (      )
Title:	E-mail:

**SYSTEM ADMINISTRATOR (SA) USE ONLY**

<b>Application</b>	<b>Date Completed</b>	<b>SA Initial</b>
Establish CMS Net Unix		
Establish CMS Net Application		
Request MEDS		
Deliver MEDS		
Request EDS Net		
Deliver EDS Net		

**Questions?**      **Contact the CMS Net Help Desk at:**  
**E-mail:** [cmshelp@dhs.ca.gov](mailto:cmshelp@dhs.ca.gov) or  
**Phone:** (916) 327-2378 or (866) 685-8449 or  
**Fax:** (916) 327-0997